PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

10629516

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			19		100.0]			7 7			
			\$ 1		ļ		1	RATE	FEE	-{	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		• 8			XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS			# minus 3 =		. 0			X43=		OR	X86=		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II										-	OTHER THAN		
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	lΓ	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	JUIPLE DE	PENDENT	CLAIM		'	+145=		OR	+290=		
								TOTAL			TOTAL ADDIT. FEE		
		(Column 1)	•	(Colum	nn 2)	(Column 3)	AL	JUII. FEE I			ADDII. PEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	*	OR	X86=		
`	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		▎├						
					•		Ŀ	+145=		OR	+290=		
				•			ΑD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)		•					
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		8		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43=		ı	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• 14	the ester in ester	nn 1 ic loca than th				0	Ŀ	145=		OR	+290=		
** [* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR .	TOTAL		
	CAL - BLIST - A F	at as Dec					AD	DIT. FEE L			DDIT. FEE L		